

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed) Lobbyist Committee Report Filed By Candidate Filer Identification 3508770072 (Mark X) Number Name of Filing Committee, Candidate or Lobbyist Street Address Zip Code State City Type of Report (Place x under report type) Special 30 Day Special 2nd Friday 1-6th Tuesday | 2-2nd Friday | 3-30 Day Post | 4-6th Tuesday | 5-2nd Friday 6-30 Day Post 7- Annual Post-Election Pre-Election Election Pre-Election Pre-Election Pre-Primary Pre-Primary **Primary** Amendment Termination Date Of Election Year Report (MM/DD/YYYY) Report For Office Use Only To Date Summary of Receipts and From Date Expenditures A. Amount Brought Forward From Last Report B. Total Monetary Contributions and Receipts (From Schedule I) \$ C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance \$ (Subtract Line D from Line C) F. Value of In-Kind Contributions Received \$ (From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV) Affidavit Section Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete. Sworn to and subscribed before me this gnature of Person Submitting repo COMMONWEALTH OF PENNSYLVANIA Printed Name My Commission expire TARIAL SEAL BONNY BETH BRANN, NOTA BONNY BETH BROWN, NOTARY PUBLIC FAIRVIEW TOWNSHIP, ERIE COUNTY Daytime Telephone Number Part II-MYNG @ld Mepowl of a Candidate's Authorized Committee, candidate shall sign here. I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended. Sworn to and subscribed before me this Signature of Ca<u>ndidate</u> Printed Name NOTAMAL SEAL STONISS ON BERTITES BROWN NOTARY PUBLIC FAIRVIEW TOWNSHIP, PRIE COMINTY

MY COMMISSION EXPIRES AUG. 5, 2020

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

| Filer Identification Number | ^ | 1 0 | i | |
|-----------------------------|------------|----------|--------------|--|
| J~ 257 1 DOT 7 | l Goon Her | to llist | hha Trotter | |
| 70017 | | to Crist | JOHN INCHING | |

| 1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor | | |
|--|----|-------|
| Total for the reporting period (1) | \$ | \$ |
| 2. Contributions Over \$250.00 (From A and Part B) | | |
| Contributions Received from Political Committees (Part A) | \$ | 5 |
| All Other Contributions (Part D) | \$ | \$ |
| Total for the reporting period (2) | 5 | \$ () |
| 3. Contributions Over \$250.00 (From C and Part D) | | |
| Contributions Received from Political Committees (Part C) | \$ | \$ |
| All Other Contributions (Part D) | \$ | \$ |
| Total for the reporting period (3) | \$ | \$ |
| 4. Other Receipts-Refunds, Interested Earned, Returned Checks, ETC. (from Part E) | | |
| Total for the reporting period (4) | \$ | \$ |
| Total Monetary Contributions and Receipts during this reporting period (add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount an page 1, report cover page, item b) | \$ | 5 Ø |

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00
Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

| Filer identification しょうしょ | Number | mitte | e to Elect. | John Trett | · | |
|-------------------------------|--|----------|---------------------------------------|-------------------|-------------|--------|
| | 4年10月1日 10日 10日 10日 10日 10日 10日 10日 10日 10日 1 | | · · · · · · · · · · · · · · · · · · · | | | Amount |
| Full Name of Co | ntributing | <u> </u> | | Date [MM/DD/YYYY] | \$ | \sim |
| Committee | | | | | | 4 |
| House # | Street Address | | | Date [MM/DD/YYYY) | 5 | |
| | | | | | | |
| City | Property and the Control of the Cont | State | Zip Code | Date [MM/DD/YYYY] | \$ | |
| | | 1000 | | Date [MM/DD/YYYY] | 5 | |
| Full Name of Co Committee | ntributing | | | | 7 | |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ | |
| Full Name of Co | | | | Date [MM/DD/YYYY] | 15 | |
| Committee | ntriputing | | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | 194 | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ | |
| | | | | | | |
| Full Name of Co Committee | intributing | | | Date (MM/DD/YYY) | \$ | |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ | |
| | | | | | | |
| Full Name of Co Committee | ntributing | | | Date [MM/DD/YYYY] | <u> </u> \$ | |
| | | | | | i săte | |
| House# | Street Address | | | Date [MM/DD/YYYY] | 5 | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ | |
| | | | | *** (2000) | 22 30% | |
| Full Name of Co Committee | entributing | | | Date [MM/DD/YYYY] | 5 | |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | |
| City | | State | Zip Code | Date [MM/DD/XYYY] | \$ | |
| | | 50 Sept. | | ĺ | Air | |

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contribution with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contribution from political committee reported in Part A.)

| Filer Identification Humber: | ^ | 4 | ^ . | |
|------------------------------|-------------------|-----------|------------------------|------|
| 1 . 27 2 | /3 (A | 1 | | |
| | 1 to an an 2 La 1 | A | | |
| 9001900191 | Committee | 1/1 | ししゅじ エー・メントンペー・フレー・ファイ | - ·- |
| | | 1 ~ | | i |
| | | . <i></i> | | |

| Name | of contributor | | | Date [MM/DD/YYYY] | \$ | 8 |
|--------|----------------|-------|----------|-------------------|----|---|
| Mailin | g Address | | | Date [MM/DD/YYYY] | \$ | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ | |
| Name | of contributor | | | Date [MM/DD/YYYY] | \$ | |
| Mailin | g Address | | | Date [MM/DD/YYYY] | \$ | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ | |
| | of contributor | | | Date [MM/DD/YYYY] | \$ | |
| Mailin | g Address | | | Date [MM/DD/YYYY] | \$ | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | Ş | |
| Name | of contributor | | | Date [MM/DD/YYYY] | \$ | |
| Mailin | g Address | | , , | Date [MM/DD/YYYY] | \$ | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ | |
| Name | of contributor | | | Date [MM/DD/YYYY] | \$ | |
| | g Address | | | Date [MM/DD/YYYY] | \$ | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ | |
| | of contributor | | | Date [MM/DD/YYYY] | \$ | |
| Mailin | g Address | | | Date [MM/DD/YYYY] | \$ | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ | |

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

| Lines and | INDESTRUCTION CONTROLS | Common He | e po Chi | ナレントハー | Trester | - | |
|---------------------|----------------------------|---|----------|--|------------------|-----|---------------------------|
| ع ب | 19 19 | ONITALL ! | | | | | |
| 45 | | | | The state of the s | [WW/DD/YYYY] | 5 | |
| Full Nar Contrib | ne of uting Committee | | | USI | Tellation Level | | $\langle \varphi \rangle$ |
| Mailing | Address | | | Dat | e [MM/DD/YYYY] | \$ | |
| City | | State | Zip Code | Dat | te [MM/DD/YYYY] | \$ | |
| Full Na Contrib | ne of uting Committee | | | . Dat | te [MM/DD/YYYY] | \$ | |
| Mailing | Address | | | Dat | te [MM/DD/YYYY] | \$ | |
| City | | State | Zip Code | Dar | te [MM/DD/YYYY] | \$ | |
| | me of uting Committee | | | Dari | te [MM/DD/YYYY] | \$ | |
| Maliling | Address | | | . Dar | te [MM/DD/YYYY] | .\$ | |
| City | | State | Zip Code | Dar | te [MM/DD/YYYY] | \$ | |
| Fuli Na Contril | me of outing Committee | | | Dæ | te [MM/DD/YYYY] | \$ | |
| Mailin | g Address | *************************************** | | Da | te [MM/DD/YYYY] | \$ | |
| City | | State | Zip Code | Da | te [MM/DD/YYYY] | \$ | |
| Full Na Contril | me of buting Committee | | | Da | te [MM/DD/YYYY] | \$ | |
| Mailin | g Address | | | | te [MM/DD/YYYY] | \$ | |
| City | · | State | Zip Code | | te [MM/DD/YYYY] | | |
| Full Na Contri | ame of buting Committee | | | | tte [MM/DD/YYYY] | \$ | |
| Mailin | g Address | | | <u> </u> | te [MM/DD/YYYY] | \$ | |
| City | | State | Zîp Code | Da | ite [MM/DD/YYYY] | \$ | |

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

| Filer Identification Number: | Commit | 100 C | add to | Tretter |
|------------------------------|--------|-------|--------|---------|
| <u> </u> | | | | |

| Name of contributor | | | Date [MM/DD/YYYY] \$ | \emptyset |
|---|-------|----------|----------------------|--|
| Mailing Address | | | Date [MM/DD/YYYY] \$ | The state of the s |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Employer Name | | | Occupation | \ |
| Employer Mailing Address / Principal Place of Business | | | | |
| Name of contributor | | | Date [MM/DD/YYYY] \$ | |
| Mailing Address | | | Date [MM/DD/YYYY] \$ | |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Employer Name | | | Occupation | |
| Employer Mailing Address / Principal Place of Business | | | | |
| Name of contributor | | | Date [MM/DD/YYYY] \$ | \bigcirc |
| Mailing Address | | | Date [MM/DD/VYYY] \$ | |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ | \ |
| Employer Name | | | Occupation | |
| Employer Mailing Address / Principal Place of Business | | | | |
| Name of contributor | | | Date [MM/DD/YYYY] 5 | \Diamond |
| Mailing Address | | | Date [MM/DD/YYYY] \$ | |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ | 1 |
| Employer Name | | | Occupation | 1 |
| Employer Mailing Address / Principal Place of Business | | | | - |

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

| Filer Identification Number: | Committee to | flut do | ing trutter | - 1 |
|------------------------------|------------------|-------------|---|---------------|
| 900190017 | C411111, 1700 10 | | | |
| | | | | |
| Full Name | | | | |
| Mailing Address | | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| | | Cone | eris. | |
| Receipt Description | | | | |
| Full Name | | | | |
| Mailing Address | | | The state of the Assets of the State of the | |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ | \varnothing |
| Receipt Description | | | | |
| Full Name | | | | |
| Mailing Address | | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| | | Loge | . 4 | |
| Receipt Description | | | | / |
| Full Name | | | | |
| Mailing Address | | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ | Ø_ |
| Receipt Description | | | | |
| Full Name | | | | |
| Mailing Address | | | Date [MM/DD/YYYY] 5 | |
| City | State | Zip Code | Oste linealinni ttiil | Ø |
| Receipt Description | | | | |
| Full Name | | | | |
| Mailing Address | | | The Part Annual LAT | |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ | <u>Ø</u> _ |
| Receipt Description | | | | , |

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

| Filer Identification Number: 208720072 | m, Her k | Clest John | TRHU |
|--|-------------------------|-------------------------------------|------|
| | | | |
| 1. UNITEMIZED IN-KIND CONTRIB | UTIONS RECEIVED-VALU | E OF \$50.00 OR LESS PER CONTRIBUTO | K . |
| TOTAL for the reporting period | (1) | \$ | Ø |
| 2. IN-KIND CONTRIBUTIONS RECE | IVED-VALUE OF \$50.01 T | O \$250.00 (FROM PART F) | |
| TOTAL for the reporting period | (2) | \$ | Ø |
| 3. IN-KIND CONTRIBUTION RECEN | VED-VALUE OVER \$250.0 | O (FROM PART G) | |
| TOTAL for the reporting period | (3) | \$ | 8 |
| TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (add and enter amount totals from an page 1, report cover page, item F) | _ | 1 7 | ø |

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

| il Name of | | | Date [MM/DD/YYYY] | \$ | ~~ |
|----------------------------|----------|----------|--------------------------|----------|-----------------------------|
| e Contributer | | | | | φ |
| | | | Date [MM/DD/YYYY] | ŝ | |
| ailing Address | | | Date fraudool1 | | - 1 |
| | | | | | |
| ly | State | Zip Code | Date [MM/DD/YYYY] | \$ | |
| " | | | | ٠ | 1 |
| scription of Contribution | | | | | |
| scription of Continuous | | | | | |
| il Name of | <u></u> | | Date [MM/DD/YYYY] | \$ | 1 |
| e Contributor | | | | | |
| | | | Date [MM/DD/YYYY] | \$ | |
| ailing Address | | | | 1 | 1. |
| | | | | | |
| ty | State | Zip Code | Date [MM/DD/YYYY] | \$ | |
| | | | | | Į. |
| escription of Contribution | | | | | |
| and throse or seaminments | | | | | |
| il Name of | | | Date [MM/DD/YYYY] | \$ | $/\lambda$ |
| e Contributor | | | | | |
| 1-252 A-I-I | | | Date [MM/DD/YYYY] | 5 | |
| lailing Address | | | | 1 | |
| | | | | | |
| ity | State | Zip Code | Date [MM/DD/YYYY] | \$ | (|
| | | | | | _ |
| escription of Contribution | | | | | |
| | 1.114 | | Date [MM/DD/YYYY] | \$ | |
| uli Name of | | | Date Immanol | ۱ ۱ | $\mathcal{C}_{\mathcal{L}}$ |
| ne Contributor | | | | | <i>Y</i> |
| failing Address | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | |
| | | Zip Code | Date [MM/DD/YYYY] | \$ | |
| îty | State | Zip Code | Perior Hand pool 1 1 4 1 | 4 | |
| | | | | <u> </u> | L |
| escription of Contribution | | | | | |
| uil Name of | <u> </u> | | Date [MM/DD/YYYY | \$ | |
| he Contributor | | | | 7 | |
| | | | | +- | <u> </u> |
| failing Address | | ٠. | Date MM/DD/YYYY | \$ | 7 |
| | | 1 | | | |
| <u> </u> | State | Zip Code | Date (MM/DD/YYYY | 5 | |
| City |] Sime | | | ₹. | • 1 |
| | 1 1 | 1 | ! | | 1 |

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

| 20名 19017 Selection Number: | Commi | He b | Elect | John | Tretter |
|-----------------------------|-------|------|-------|------|---------|

| Full Na | me of | | | | Date [MM/DD/YYYY] | \$ | -1 |
|--|--|---------------|---------|----------|--|-------|-------------|
| the Cor | riributor | | | | | | |
| - 4 412 | · | | | · | Date francisco francis | \$ | |
| Mailing | Address | | | | Date [MM/DD/YYYY] | 3 | |
| | | | | | | | |
| City | | Sta | ate | Zip Code | Date [MM/DD/YYYY] | Ŝ | |
| | | | ``` | | | 1 1 | , |
| - | | | | | Occupation | 1 4 | |
| rmpicy | rer Name | | | | | | |
| | er Mailing Address | / Principal | | | Description | | |
| Place o | f Business | | | | of | | |
| | | | | <u></u> | Contribution | | |
| Full Na | | | | | Date [MM/DD/YYYY] | \$ | \sim |
| the Cor | ntributor | | | | | | (1) |
| Rectife | Address | | | | Date [MM/DD/YYYY] | \$ | |
| intental | 5.Address | | | | | 1 | |
| | | <u></u> | | | | | |
| City | | St | ate | Zip Code | Date [MM/DD/YYYY] | \$ | |
| | | [| | | | 1 | |
| Empley | er Name | | · · · | | Occupation | 1 . 1 | |
| | | | | | | | |
| | er Mailing Address | / Principal | | | Description | | |
| Place o | of Business | | | • | of | | |
| | | er en en | | | Contribution | _ | |
| | | | | | | | |
| | me of | | | | Date [MM/DD/YYYY] | \$ | 77 |
| | ntributor | | | | Date [MM/DD/YYYY] | \$ | 05 |
| the Co | ntributor | | | | | | 4 |
| the Co | | | | | Date [MM/DD/YYYY] Date [MM/DD/YYYY] | \$ | 4 |
| the Co | ntributor | | | | Date [MM/DD/YYYY] | \$ | 4 |
| the Co | ntributor | St | ate | Zîp Çode | | | 4 |
| the Co | ntributor | 1 | ate | Zîp Çode | Date [MM/DD/YYYY] | \$ | 4 |
| the Co | ntributor g Address | | · · · · | Zîp Çode | Date [MM/DD/YYYY] Date [MM/DD/YYYY] | \$ | 4 |
| the Co | ntributor | 1 | · · · · | Zîp Çode | Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation | \$ | 4 |
| the Col | ntributor g Address | | · · · · | Zip Çode | Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation Description | \$ | 4 |
| the Con Mailing City Employ | ntributor g Address yer Name | | · · · · | Zîp Çade | Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation Description of | \$ | |
| the Con Mailing City Employ | ntributor g Address yer Name yer Mailing Addres | | · · · · | Zîp Code | Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation Description of Contribution | \$ | |
| the Colombia | ntributor g Address yer Name yer Mailing Address of Business | | · · · · | Zîp Çode | Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation Description of | \$ | |
| the Colombia | ntributor g Address yer Name yer Mailing Address of Business | | · · · · | Zîp Çode | Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation Description of Contribution | \$ | |
| the Color Mailing City Employ Employ Place Color National | yer Name yer Mailing Address of Business ame of entributor | | · · · · | Zîp Çode | Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation Description of Contribution Date [MM/DD/YYYY] | \$ | |
| the Color Mailing City Employ Employ Place Color National | ntributor g Address yer Name yer Mailing Address of Business | | · · · · | Zîp Çode | Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation Description of Contribution | \$ | 7 |
| the Color Mailing City Employ Employ Place Color National | yer Name yer Mailing Address of Business ame of entributor | | · · · · | | Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation Description of Contribution Date [MM/DD/YYYY] Date [MM/DD/YYYY] | \$ \$ | |
| the Color Mailing City Employ Employ Place Color National | yer Name yer Mailing Address of Business ame of entributor | s / Principal | · · · · | Zîp Code | Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation Description of Contribution Date [MM/DD/YYYY] | \$ | |
| the Co. Mailing City Employ Place (Full Nathe Co. Mailing | yer Name yer Mailing Address of Business ame of entributor | s / Principal | | | Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation Description of Contribution Date [MM/DD/YYYY] Date [MM/DD/YYYY] | \$ \$ | |
| the Col Mailing City Employ Place of Full Na the Col Mailing | yer Name yer Mailing Address of Business ame of entributor g Address | s / Principal | | | Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation Description of Contribution Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation | \$ \$ | |
| the Cor Mailing City Employ Place C Full Na the Co Mailing City | yer Name yer Mailing Address of Business ame of ntributor g Address | s/Principal | | | Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation Description of Contribution Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation | \$ \$ | |
| the Cor Mailing City Employ Place C Full Na the Co Mailing City Employ | yer Name yer Mailing Address of Business ame of ntributor g Address | s/Principal | | | Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation Description of Contribution Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation Description | \$ \$ | |
| the Cor Mailing City Employ Place C Full Na the Co Mailing City Employ | yer Name yer Mailing Address of Business ame of ntributor g Address | s/Principal | | | Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation Description of Contribution Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation | \$ \$ | |

SCHEDULE III Statement of Expenditures

| Filer Identification Number Comp. Her to Elect John Totte | | | | | | |
|---|----------------------------|-----------|------------|-----|--------|--|
| | Fater to sum carout annual | Comm. Her | to Elect - | Sha | Trette | |

| To Whom Paid PNC BOK | Date [MM/DD/YYYY] 5 2.00 |
|---|----------------------------|
| House# Street Address 901 State Street | Description of Expenditure |
| City Eu State PA Code 16501 | Statement fee |
| Townsm. Paid Committee to Elect Carl Andrean | Date [MM/DD/YYYY] 5 20.00 |
| House # Street Address 3830 Parade Blud | Description of Expenditure |
| City Cen State PA Code 16504 | Contribution |
| To Whom Paid PNC BOX | Date (MM/DD/YYYM) \$ 2.50 |
| House # Street Address 901 State Street | Description of Expenditure |
| City Eve State PA Side 16501 | State must fee |
| TO Whom Paid PNC BONK | Date (MM/DD/MM) 5 1.00 |
| House # Street Address 901 Street | Description of Expenditure |
| city Eve State PA Rode 16501 | Stoutement fee |
| To Whom Paid Committee to Re- Elect Tamy | Date (MM/DD/YYYY) 5 100.00 |
| House # Street Address CO Bub Nitkunica 1213 Dominion Day | Description of Expenditure |
| City Eur State PA Code 1620 | Campaign Contribution |
| Townsmirate Committee to Elect Obil Andres | , — / [- |
| House # Street Address 3830 Parade Street | Description of Expenditure |
| City Code 16 DY | Campaign Contrabation |
| Townson Faid Tim Beveridge Conmittee | 10/28/2017 50.00 |
| House # Street Address | Description of Expenditure |
| City State Zip Code | Campagn Contribution |

Statement of Expenditures

| Filer Identification Number: | Committee | to Elect. | John | trette | |
|------------------------------|-----------|-----------|------|--------|--|

| To Whom Paid INC BAIC | Date (MM/DD/YYYY) \$ J.00 |
|--|---|
| House # Street Address 901 State Street | Description of Expenditure |
| City Cu State PA Gode 16501 | Statement tee |
| TO Whom Paid PNC BOOK | Date [MM/DD/VVVV] \$ 2.00 |
| House # Street Address 901 State Street | Description of Expenditure |
| City State PA Code 1650 | Statement tee |
| To Whom Paid Frunds of John Persinger | Date [MM/DD/YYYY] \$ 100.00 |
| House # Street Address Po Box 1981 | Description of Expenditure |
| City Code 16512 | Campaian Contribution |
| TO Whom Paid PNC BONK | Date (MM/PD/YYYK) \$ 1.00 |
| House # Street Address 901 State Street | Description of Expenditure |
| City Ene State PA Coode 16201 | Statement feer |
| | , |
| To Whom Paid 6 | Date [MM/DD/YYYY] 5 200 |
| \$55.50 (1975) 1995-1976 (1975) 1995-1976 (1975) 1995-1976 (1975) 1995-1976 (1975) 1995-1976 (1975) | Date [MM/DD/YYYY] 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| To Whom Pald PNC BMC | 11/01/2017 200 |
| To Whom Pald PNC BMC House # Street Address 901 State Strut City Cue State PA Zip Code 16501 To Whom Pald D | Description of Expenditure: Stationary tu Date [MM/DD/YYYY] \$ 5.00 |
| House # Street Address 901 State Strut City Cue State PA Code 16501 | Description of Expenditure Statement tu Date [MM/DD/YYYY] \$ 500 |
| House # Street Address 901 State Strut City Cre State PA Code 1601 To Whom Paid PNC Bank House # Street Address 901 State Strut City Cre State PA Code 1601 | Description of Expenditure Stational to Date [MNV/DD/YYYV] \$ 500 Description of Expenditure Maintnance fatter |
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SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

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|--|--------------------|--|---|
| HUB 1900 194 | Committee to Cle | , JOHN 1/C | |
| Name of Creditor | | | Outstanding Balance of Debt |
| Mailing Address | · · | DATE DEBT INCURRED | S I |
| | | [MM/DD/YYYY] | |
| | | 1 | |
| City | State | Zip Code | 1 4 |
| Description of Debt | | | |
| Name of Creditor | | | Outstanding Balance of Debt |
| Mailing Address | | DATE DEBT INCURRED [MM/DD/YYYY] | \$ |
| | · · | | 1 |
| City | State | Zip Code | \bigvee |
| Description of Debt | | | , |
| Name of Creditor | | | Outstanding Balance of Debt |
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| City | State | Zip | 1 / |
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| | | | I Contain the Parties of the |
| Name of Creditor | | | Outstanding Balance of Debt |
| | | | 3 A 1 |
| Mailing Address | | DATE DEBT INCURRED [MM/DD/YYYY] | \$ |
| Mailing Address City | State | | 5 |
| City | State | [MM/DD/YYYY] | |
| | State | [MM/DD/YYYY] | 5 |
| City | State | [MM/DD/YYYY] | Outstanding Balance of Debt |
| City Description of Debt | State | [MM/DD/YYYY] Zip Code DATE DEBT INCURRED | |
| City Description of Debt Name of Creditor | State | [MM/DD/YYYY] Zip Code | Outstanding Balance of Debt |
| City Description of Debt Name of Creditor | State | [MM/DD/YYYY] Zip Code DATE DEBT INCURRED | Outstanding Balance of Debt |
| City Description of Debt Name of Creditor Mailing Address | | [MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY] | Outstanding Balance of Debt |
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